The correct age

death clearly and legibly

write

Physicians: please

important.

s especially

WRITE

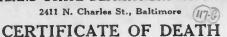
PLEASE

(Date rec'd by registrar)

tem of information carefully causes of death clearly and MARGIN RESERVED FOR BINDING Supply UNFADIN PLAINLY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (If outs ie city or town limita, Hospital, Institution give LOCATION) 2.(a) If veteran, name war..... How long in hospital or institution 3. (b) Social Security Number 3. (a) FULL NAME MEDICAL CERTIFICATION 8.(b) Name of husband or wife..... deceased (mo., day, yr.) DURATION 8. AGE: 11. Industry or business (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: it death was due to external causes, till in the following: Accident, suicide, or homicide..... Where did injury occur?(City or town) (State) Injured at home, farm, Industry, public place (where?) ... Injured at work? Means of Injury Address

Registrar

OCT 17 1945

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore St.

CERTIFICATE OF DEATH

10290270 Reg. Dist. No.

1. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOIME) OF DECEASED: (For newborn infants give residence of mother)
Cnicfield	State Maryland county Somerset
City or fown.	
How long in above place of death? 37 Years	City or town
Hospital, Institution, or street address where death occurred: McCready Mem. Hospital	Street No. 316 Chesapeake Ave.
Mcolead Men. Hospida	(if rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elijah H. Bethard	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	2D. DATE DF DEATH. 0 - 19.4 6 at 7 30 PM
6.(b) Name of husband or wife. Ella Bennett Bethard	21_I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Daw 1 1945, 10 Det 14 1946
7. Birth date of	and that I last saw have alive on Oct 14 1946
decessed (mo., day, yr.) February 22, 1866	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	and cel del 7 Kul / well
80 2 22hrsmin.	
9. Birthplace Worcester County, Maryland	Due to Oliver Dut regliele
(Town, county, and state)	Ofma reposably a gra
1D. Usual occupation Mercha nt	Due to
11. Industry or business Grocery	
Solomon Bethard	Other condition Carering of Custate 2 years
12. Name Solomon Bethard 13. Birthplace Parsonburg, Maryland	
	(Include pregnancy within 3 months of death)
14. Maiden name Susan Jane Shockley 15. Birthplace Worcester County, Md.	Major findings of operations.
Clarence Rethard	Date of op
16. Into man	Antopsy results
Address Crisfield, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial (Burial, cremation, or removal, Which?) Burial (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Sunny Ridge Cemetery	Where did Injury occur?
Location RURAL, Crisfield, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director H. Harvey Bradshaw	Means of Injury Injured at work?
Address Crisfield, Maryland	Musica Coll branca ma
101:111 (1 m + 1 5 7 1)	23. SIGNATUME M, D. or other
(Date rec'd by registrar) Registrar	Address Marin Do Mp Date signed Oct 15-46
	The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore & a.

1029%	
Reg. Dist. No	269

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
County Somerelt	JM I	Y arm parati
City or town	101	
How long in above place of death?	City or town	write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. noul	
	(If rural, give I	OCATION)
How long In hospital or Institution?	2.(a) If veteran, name war Rone	
3. (a) FULL NAME		3. (b) Social Security Number
Attio Chi Carriel		222
4. Sex 5. Color or race 6.(a) Single, married, millowed, or divorced	MEDICAL CE	RTIFICATION
Felmale white	De lober.	
Married	2D. DATE OF DEATH	17 19 46 21 90
CONTROL BOURS	21. I CERTIFY that death occurred on the date above	e stated; that I attended deceased from
8.(b) Name of husband or wifest.	19,	
7. Birth date of years	and that I lest saw h	19
deceased (mo., day, yr.) //arch 1885	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	D O	A
10 1 7 14 min.	Canaland Len	errless &
Dualo Massa		
9. Birthplace	Due to	
10. Usual occupation Houseurle		
	Due to	
11. Industry or business		
12. Name Dotte 13. Rirthplace	Other conditions	
13. Rirthplace	(Include pregnancy within 3 m	
H 14. Maiden name	(Include pregnancy within 3 me	onths of death)
14. Malden name	Major findings of operations	
		Date of op
16. Informant I server & Bouch	Antopsy results	
Address Y) onton & Md.	PHYSICIAN: Please underline the cause to whi	ch dead should be charged statistically.
(A. 7 10 1011)	22. VIOLENCE: If death was due to external caus	et, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof. Oat 19 1946 (month) (day) (year)	Accident, suicide, or homicide	Date ot
Gemetery or crematory O rusle, Md	Where did injury occur? (City or town)	(5,1,1)
(Qui man a) (a . b you d.		
Location Cooperation	Injured at home, farm, Indiony, public as ce (whe	
18. Funeral director Valle askelli	Meens of Injury	Injured at work?
m. Mara mal	JA: N. P.	11-1-71
Address Fendesser 170	23. SIGNATURE VILLAM, FOR	may 14. N
13 Oct 19 1946 Mms, Samuell	Colina Con.	M. D. or other
(Date rec'd by registrar) Registrar	Address	Date signed.



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VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-8

CERTIFICATE OF DEATH

10298 Reg. Diat. No. 360

1. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Somerset
City or town (If outside city or town limits, write RUKAL and give nearest town)	Wa
	(If outside city or town limits, write RURAL and give nearest town)
Row long in above place of death?	
mospital, institution, of direct address where death death	Sirect No
How long in hospital or institution?	2.(u) If veteran, name war
3. (a) FULL NAME Johnnie Campbell Jr.	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	* MEDICAL CERTIFICATION
Male White Single	
mare ware ingle	2D. DATE DF DEATH October 1. 18.46 at 7. A. M
	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
6.(b) Name of husband or wife	Landa 19 will takk 29 11 6
7. Birth date of C	46
7. Birth date of	and that I last saw h 19. The
deceased (mo., day, yr.) September 25, 1920	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Therman Igas
26 0 6hrsmin.	
Fruitland Wicomica Co. Md	
9. Birthplace Fruitland, Wicomico Co., Md. (Town, county, and state)	Due to
7 - 3	
10. Usual occupation Laborer	Due to
11. Industry or business	
I 12. Hame. John E. Campbell	Other conditions
12. Name	Piner conditions
	(Iuclude pregnancy within 3 months of death)
Libly Mae Bratton 14. Maiden name Delaware 15. Birthplace	
Delaware	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant John E. Campbell	Antopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Eden, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial [Burial, cremation, or removal, Which?] Bate thereof October 4, 1946 [month] (day) (year)	22. VIOLENCE: II would was out to external causes; in in 170
Cemetery or crematory	Where did injury occur?
Allen, Maryland	
Legation	Injured at home, farm, Industry, public place (where?)
1B. Funeral director. The Hill & Johnson Co.	Meane of injury Injured at work?
Salisbury , Maryland	10 1 1 1
Address Dallsbury , Maryland	make makes
10/11 46 K 2/48	23. SIGNATURE
19. (Date rec'd by registrar)	Address Date signed 10/4/46

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BURLAUTE

VS A15

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

10299 Reg. Dist. No. 2650

ounty. Somerset	(For newborn infants give residence of mother)
Cnicfield	state Maryland county Somerset
(If outside city or town limits, write RURAL and give nearest town	mann [
low long to above place of death? I month	Cily or town Pocomoke City (If outside city or town limits, write RURAL and give nearest town)
lospital, Institution, or street address where death occurred: Locust Street	Street No. RURAL,
Locust Street	(If rurn!, give LOCATION)
low long tn hospitat or Institution?	2.(a) If veteran, name war
B. (a) FULL NAME	3. (b) Social Security Number
VIRGIE COLLINS	Not known
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 31
Female Cologed Married	20. DATE DE DEATH OCTOBER 19.46 a. M
6.(6) Name of husband or wife Herbert Collins	2) I CERTIFY that death occurred on be date above stated, that I attended decreased from
	IN THE ALTON THE LITTLE AND A CONTON
6.(c) If alive, give age 67	and that I last saw Chilled Tour Tour
deceased (mo., day, yr.) May 20, 1893	
B. AGE: Years Months Days / If less than one day	Immediate cause of death
53 4 21hrs.	min.
Birthplace Temperanceville-Accomac-Virg	inia (Ortoupuelto)
3. Birthplace	Due to.
House wife	
18. Usual occupation	Due to.
11. Industry or business	1 aracysis
John Armstrong	Other conditions
13. Birthplace Princess Anne, Md.	1 miles of anyo
Elizabeth Matthews	(Include for thancy within 3 months of death)
E 14. maiger name.	Major findings of operations
2 15. Birthplace Accomac County, Va.	Copy Date of op.
16. Informant Herbert Collins	Antoney results
Address Crisfield, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial thereof Oct. 14.1 (Burial, cremation, or removal. Which?) (month) (day) (year	9.46 22. VIOLENCE: If death was due to external causes (AL) in the flywing:
(Burial, cremation, or removal. Which?) (month) (day) (yea	Accident, suicide, or homicide
Cemetery or crematory Lawsonia Cemetery	Where did injury occur?
Location RURAL, Crisfield	Injured at home, farm, Industry, public place (where?)
18. Funeral director H. Harvey Bradshaw	Méens of Injury Injured at work?
Cricfield Marwland	14 my oullown
Address OIISIICIC, Wally Land	2 SIGNATURE
19. (Date rec'd by registrar) Comparting Establishing Re	gistrar Address Mishiell W Date 1/2/4
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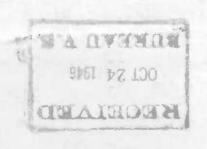
MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore \$30 CERTIFICATE OF DEATH

10300

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Near Eden RURAL Princess ann (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Someset
How long in above place of death? 4.0. years	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Jina Jane Cornish	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female colored widowed	2D. DATE OF DEATH. QTT 19 4 C, at 6 P M
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	19
7. Birth date of	and that I last saw hallie on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
approfinately 80 years old	Cerebrel between hoge
9. Birthplace benton md. Somerset	Due to
10. Usual occupation housewife	Due to
11. Industry or business Same	
12. Name Levi Briton	Other conditions
3. Birthplace Venton, md.	(Include preguancy within 3 months of death)
14. Malden name Mary Parker 15. Birthplace Venton, md	
5 15 Right Jaco Wenter Ind	Majur findings of operations.
Or ale Carriel	Date of op.
16. Informant	Autopsy results
Address Eden, Ma. (Rural)	22. VIOLENCE of death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or somicide
Cemetery or crematory Mt. Jun Cemetery	Where did injury recur? (City or town) (County) (State)
Location Mt. Vernon RFD#2	Injurgant home, farm, Industry, public place (where?)
18. Funeral director. Charles Hashiell	Means of Injury Injured at work?
Address Princess anne md.	23. SIGNATURE Henry M. daubford M.D.
19. Ot 22 19 46 N. A. Johnson M. A. Johnson Mills (Bate you'd by registrar)	Address Trucks dem had Date signed 10/20/46
/,	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEA	Somer	reat		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Somerset Crisfield		***************************************	State Maryland county Somerset	
City or town		URAL and give nearest town)	Contactiona	
How long in above place o	death Lifet	time		(If outside city or town limits, write RURAL and give nearest town)
Nospital, institution, or s	treet address where	death occurred		Street No.
				(If rural, give LOCATION)
How long in hospital or I	nstitution?		***************************************	2.(a) It veteran, name war
3. (a) FULL NAME				3. (b) Social Security Number
	JOHN	H. HC	WARD	
4. Sex	5. Color or race	6.(a) Single	, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White		Single	M.A. 1 41 7 P.
3100000	11121200		and the same of th	
6.(b) Name of husband o	wife		***************************************	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of) If alive, give ageyears	19.4
7. Birth date of deceased (mo., day, yr.	Not	rember	: 15, 1882	and that I last saw hymnalive on det 18.4
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death
63	10	16	hrs min.	tolor president to
		Somers	set-Maryland	Due to
9. Birinpiace	(Town,	county, and s	tate)	DEC (4
10. Usual occupation	Waterma	an		Due to.
11. Industry or business	Catchir	ng sea	afood	DIE IU
	John Ho	oward		Other conditions I see 3 cm
12. Name	Marion.	Mary	rland	
	Clama			(Include pregnancy within 3 months of death)
14. Maiden name 15. Birthplace				Major findings of operations.
≥ 15. Birthplace	Marion			Date of op.
16. Intermant	Charles	s Gold	lsborough	Autopsy results
Address	Crisfi	eld, N	Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17	Burial	Date there	oct. 3. 1946	22. VIOLENCE: If death was due to external causes, till in the following;
17(Burial, cremation,	or removal, Which?)	Date Incie	of Oct. 3 1946 (month) (day) (year)	
Cemetery or crematory	Nelson	Bury	ing Ground	Where did injury occur?
Location	Rural, (Crisfi	ield, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director	H. Har	vev B	radshaw	Maans of Injury Injured at work?
Address			Maryland	D 10 ho 14
1 (11 -	1.11-	19 4	P 00	23. SIGNATURE S M. D. or other
19. (Date red by regi	40	() ()	Callud), C	Address (Dale signed 1.2.746
(Date if c a by regi	ovene j		zecgistiai	11 AUUICOS



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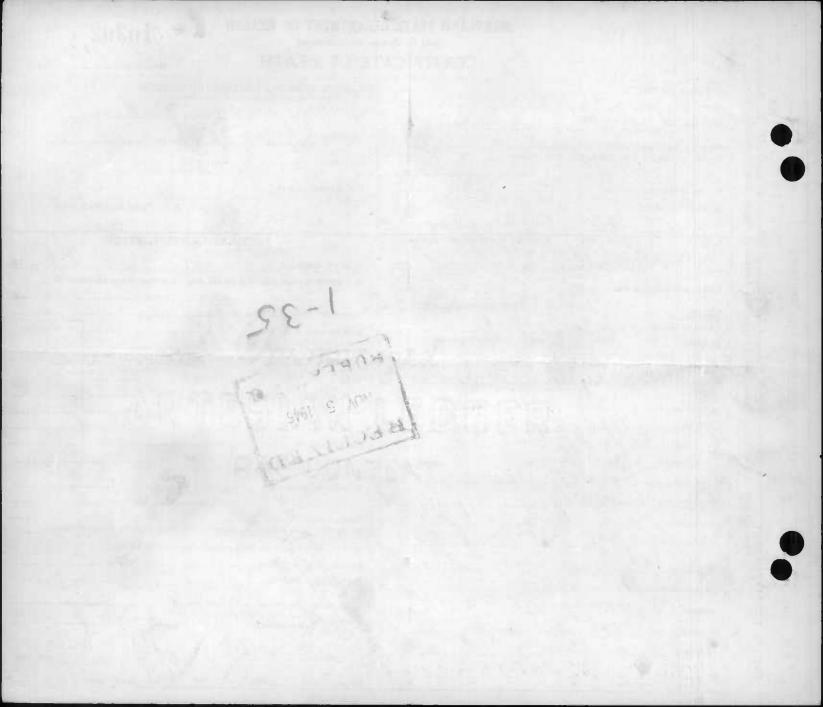
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



Reg. Dist. No. ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give resigence of mother)
County Domesel	State Maryland County Jamerel
City or town. (If ontside city or town limits, write RURAL and give nearest town)	Haislo and
Now long in above place of death?	City or town
Nospital, institution, or street address where death occurred:	
	Street No
	2.(a) If veteran, name war.
How long In hospital or Institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Louis Ernest Johnson	non
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male with the stand	Mat 31 415P
more while go downed	20. DATE OF DEATH
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that the attended deceased from
	19, 10
7. Birth date of	and that Llast saw h
deceased (mo., day, yr.) alle 12, 187	Immediate cause of death
8. AGE: Years Months Days If less than one day	Immediate cause of usam
/a 8'min.	Day by Payerline
9. Birthplace Brooks (A own, county, and state)	Due to
P, Hown, county, and state).	
10. Usual occupation. A Market Company of the Compa	Due to
11. Industry or business Restal of Horses	
12. Name George & Johnson	Dther conditions
百 7. 11	
	(Include pregnancy within 3 months of death)
14. Maiden name Harriet moore 15. Birthplace Brooklyn ny	Major findings of operations
S 15 Rithplace Brook lun, h.y.	Date of op.
00: 0 4 1 2011 . 77	
16. Informant Click Gentpude Winger	Autopsy results
Address arale mo	
Burnal Boto thoron now 4th, 1946	22. VIOLENCE: It was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof	Accident, sucider or hamcide
Evergreen Cemelons	Where In Injuly 0681? (City or town) (County) (State)
Cemetery or crematory C. LCC 4 Company	Injured althomogram, industry, public place (where?)
Location Brooklyth new you	
10 months (harles Dashiell	Mean of Injured at work?
1B. Funeral director	Les to IT V M O
Address / Macess Comment Ma.	AS SIGNATURE NEWS W, Hauffer 1990
Class 4 46 m 2 1 12 mel	M. D. or other
19. L. Parietra	Iddans Trues Une Wy Bate signed WIIVE



2411 N. Charles St., Baltimore 982

6.(b) Name of husband or wife Elizabeth Common School Name of husband or wife Elizabeth Common Name of husband or wife E		CERTIFICATE OF DEATH	Reg. Diat. No. 260
How long in above place of death? Hospital, institution, or street address where death/occurred: How long in hospital or institution? Street No. City or town limits, write RURAL and give nearest town)	Somersel	(For newborn infante give	residence of mother)
How long In hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or rate 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 2D. DATE OF DEATH. 2D. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19-45. 7. Birth date of deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.) 9. Color or rate 6. (c) It alle, give age 7. O years 19-45. 19-46. 19-47. 19-47. 19-47. 19-47. 19-47. 19-48. 19-49.	n above place of death? 43 years	City or town	ar town limits, write RURAL and give nearest town)
4. Sex 5. Color or rate 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Wale colored married 5. (b) Name of husband or wife Elizabeth Jones 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4. 7. Birth date of deceased (mo., day, yr.) Seb. 15. 1866 Immediate cause of death DURATIO DURATI	n hospital or institution?		
Male colored married 6.(6) Name of husband or wife Elizabeth Joseph 20. DATE OF DEATH. Och 31 1946 at 7 of 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 9 cl 20. DATE OF DEATH. Och 31 1946 at 7 of 22. I CERTIFY that death occurred on the date above stated: that I attended deceased from 9 cl 20. DATE OF DEATH. Och 31 1946 at 7 of 22. I I CERTIFY that death occurred on the date above stated: that I attended deceased from 9 cl 20. DATE OF DEATH. Och 31 1946 at 7 of 22. I I CERTIFY that death occurred on the date above stated: that I attended deceased from 9 cl 20. DATE OF DEATH. Och 31 1946 at 7 of 22. I I CERTIFY that death occurred on the date above stated: that I attended deceased from 9 cl 20. DATE OF DEATH. Och 31 1946 at 7 of 22. I I CERTIFY that death occurred on the date above stated: that I attended deceased from 9 cl 20. DATE OF DEATH. Och 31 1946 at 7 of 22. DATE OF DEATH. Och 31 1946 at	David Jones		3. (b) Social Security Number
6.(b) Name of husband or wife Elizabeth Joseph 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19th 10. Qul 31. 19th 19th 19th 19th 19th 19th 19th 19th	ale colored 6.(a) Single, married,	· /	, 7
7. Birth date of deceased (mo., day, yr.) Seb-15, 1866 Immediate cause of death	1 000	21. I CERTIFY that death occurred to	on the date above stated; that I attended deceased from
80 9 15 hrs. min.	the of d (mo., day, yr.) Seb. 15, 1866 : Years Months Days it less	and that I last saw h	my o coulitis 2 yours
9. Birthplace Mt Vernon Somethat Md. Due to.	//	ereit, md Due 1a	
10. Usual occupation		Due to	
12. Name Diher conditions Diher conditions (Include pregnancy within 3 months of death)	irthplace mb. Verfron,	nl.	ney within 3 months of death)
14. Maiden name Matilda Jones 15. Birthplace Mt. Vern M. Date of op.	irithplace Mt. Vern	Major findings of operations	
16. Informant Mattley Williams Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	0+2 +21	Autopsy results	e cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, till in the following: 17.	brial Date thereot.	Most. 3 1946 22. YIOLENCE: If death was due Accident, suicide, or homicide	
Cemetery or crematory Mt. 3 ton Cemetery Where did Injury occur? (City or town) (County) (State)	Sa. + 17.00 . 4		
18. Funeral director. Dale Deskiell + San	Note Q. V. 200 x		
Address Address (Quage Md. 23. SIGNATURE CROR J. aurs man 18 10 1 19 16 J. D. C. Cappara M. D. or other 18 10 1 19 10 10 10 10 10 10 10 10 10 10 10 10 10	The incess (qu	me, may 23 SIGNATURE GRAVE	J. laurs man

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH.

2411 N. Charles St., Baltimore

1 111

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County. Someway	
City or town	State Md County Samesact
	City or town (If outside city or town limits, write RURAL and give nearest town)
How long In above placo of death?	2 Maria Si-
ME Cready Mam Hosp	Street No. 2 Marie Street No. 2 Marie (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ina J. Mc loready	Work
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Whis Widows	20. DATE OF DEATH. LOCK 23 19. 146, 21 7.05 A M
Male White Widows	20. DATE OF DEATH
6,(b) Namo of husband or wife	21() CERTIFY that death occurred on the date above stated; that I attended deceased from
R (c) If all we give age years	July 1 1946 10 Q 1 2 3 1946.
7. Birth date of Sun Control of the	and that I last saw handle on Oaf 2 3 19.4.6
deceased (mo., day, yr.) Manch 6 1871	Immediate cause of death
8. AGE: Years Months Day's If less than one day	and Die of Ward
75 7 17hrsmin.	
9. Birthplace lanus us a	Oue to Molynet Cocheria
9. Birthplace (Town, county, and state)	
10. Usual occupation I nea SME laready book loo	1
	Oue to.
11. Industry or business	memmy from
12. Name Sawage S. Mc lone of	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sidolical Somerol 15. Birthplace longles	
1 1. marter management	Major findings of operations Curesuma 7 hours
16. Informant Marie 49 and	Antopsy results.
Address lones leed	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Date thereof 10 25 14 0 (Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Survey RAD GRU	Where did injury occur? (City or town) (County) (State)
Location love Leed O	Injured at home, tarm, Industry, public place (where?)
as a second of the second	Means of Injury Injured at work?
18. Funeral director	
Address 306 Mars St. Constrad	23. SIGNATURE Quelle Coulling Is a
17446 (14, 71, 5 1, 4)	M. D. or other
(Date rec'd by registrar) Registrar	Address Mussm Stone Oate signed 4 4 4 6



of

ADING INK. Physicians: I

important.

especially

WRITE

PLEASE

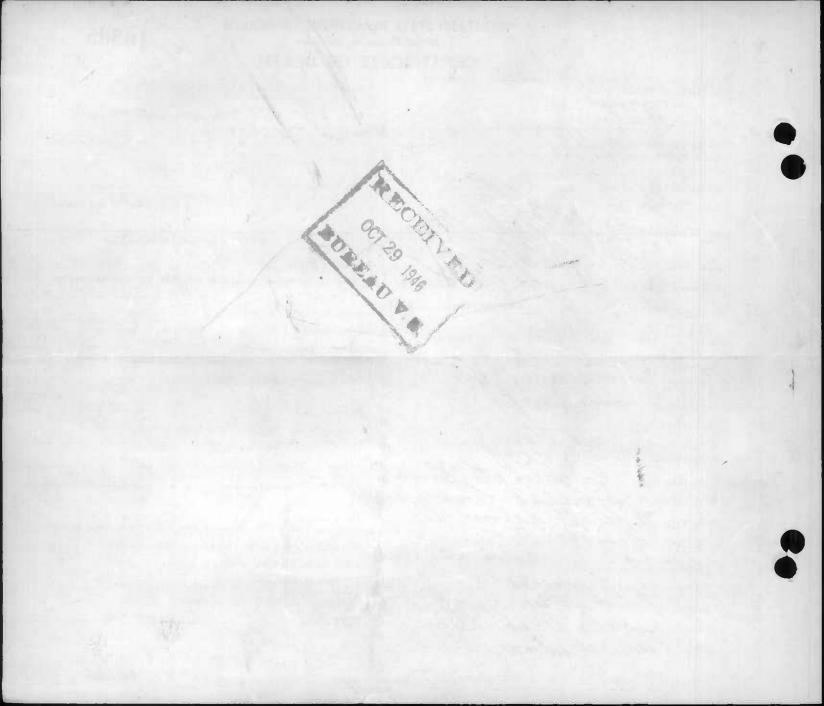
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

M. D. or nther

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED; If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) 2.(a) If yeleran, name war..... How long in hospital or institution?. 3. (b) Social Security Number 3. (a) FULL NAME MEDICAL CERTIFICATION Oct 26 20. DATE OF DEATH. 21, I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: Years 9. Birthplace..... 1D. Usual occupation... 11. Industry or business 12. Name 13. Biriholace (Include pregnancy within 3 months of death) 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (month) (dhy) (year) Accident, suicide, or homicide..... (Burial, cremation, or remova Where did Injury occur? (State) (City or town) (County) Injured at home, farm, industry, public place (where?) Injured at work? Means of Injury

Registrar

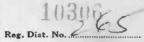


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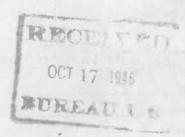
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 168)



1. PLACE OF DEATH:	erset		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	sfield	***************************************	State Maryland County Somerset
City or town(If outside city of	town limits, write R	URAL and give nearest town)	
How long in above place of death?	45 days		City or town Cristield (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street addres			Street No. 126 S. Fourth Street
			(If rural, give LOCATION)
How long in hospital or institution?			2.(a) If veteran, name war
3. (a) FULL NAME			3. (b) Social Security Number
Wal	ton Lee 1	Moseley	
4, Sex 5, Color or r	ace 6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colo	red		och 3 4/21/8
200000	200		20. DATE OF DEATH
6.(b) Name of husband or wife		***************************************	21. Person 1 that destin occurse of the date above trained, that all of the date above trained to the date above trained.
7 Birth date of) If alive, give ageyears	and that I last save University Ocho 149
deceased (mo., day, yr.) Seg	tember 7	1926	Indediate cause of death DURATION
8. AGE: Years Months		If less than one day	Sulerus Hosmund
20 0	26	min.	
9. Birthplace Chase Ci	ty-Meckl	enburg-Virgini	a Due to
Sea Sea	food Coo		
0.0300	ters & c		Due to.
77. 11.02.017	ert Mose		
T 12. Name	***************************************		Other conditions.
13. Birthplace Che		Virginia	transfer in whiteholding in .
置 14. Malden name	Piercy		(Include programmer within a months of death) AMINER
H	klenburg	County, Va.	Major findings of operation SOMERSET COUNTY, MD.
16. Informant Mrs	. Ola Mo	selev	Autopsy resultablelaning Structure of a
	dtown, V		PHYSICIAN: Please underline the cause to which death should be charged statistically.
Pur	107		22. VIOLENCE: If death was ducto external causes, fill on the following:
(Burial, cremation, or removal.	Which?)	(month) (day) (year)	Accident, suicide, or homicides.
Cemetery or crematory CLON	e Oak Ch	urch Cemetery	Where did injury occur?(City or jown) (County) (State)
Location RUF	AL, Boyd	ton, Virginia	Injured at home, farm, industry, public place (where?)
18. Funeral director	Harvey B	radshaw	Meens of Injury Tratal Short Injured at work?
	sfield,	Maryland	In with ouglassing
1610/11	18	F. Oly 52 1	23/SIGNATURE
19. (Date rec'd by registrar)	(S) E (G (A W) Begistrar	Advised a self of the profit 4/46



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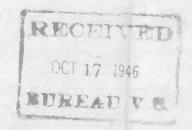
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 161

CERTIFICATE OF DEATH

10307 Reg. Dint. No. 26.5

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred;	Street No.
2.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME Caller Com	3. (b) Social Security Number
By Welson	Wow
4 Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Demos Whate De le	20. DATE DE DEATH. LOCK 3 19 H G. at 12 A M
- Some	
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
R (e) If all ye give age years	Qui 2 19 44 10 Qui 3 19 44
7. Birth date of	and that t last saw h. L.L. alive on
deceased (mo., day, yr.) Oct 1946	Immediate cause of death
8. AGE: Years Months Days If less than one day	
hrsmin.	He marshame dagas I har bon I da
	my Menting to year 1
9. Birthplace lones (Town, county, and atate)	Due to Manual Du
U.	A STATE OF THE STA
10. Usual occupation	Due to D (8t-v.)
11. Industry or business	
E 12. Rame Johns IT Melson	Other conditions.
E 12. Name The Melson	
	(Include pregnancy within 3 months of death)
14. Maiden name Dores Sterland	Major findings of operations
15. Birthplace Md	Date of op.
(10. 3 77.	
18. Informant Julies IT. a) le Soon	Autopsy results
Address U loss see	
3 0 1 max 2 1941	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (diay) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Cemetery of Crematory	
Location Location	Injured at home, farm, industry, public place (where?)
(2) - 99 He le Description	Means of Injury Injured at work?
18. Funeral directors 15.	A
Address bushed and	23. SIGNATURE S. Va. Payten Mr. J
10/2/11 P. C. C. P. 00, D. R	M. D. or other
19. (Date/rec'd by registrar) Registrar	Address Cris field md Date signed Out 3 1946



2411 N. Charles St., Baltimore (95) CERTIFICATE OF DEATH

1030869

VIII I I V	Reg. Dist. No.
1. PLACE OF DEATH: Seconds	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County City or town (If outside city or town limite, weite RURAL and give nearest town)
How long in above place of death?	Street No
How tong tn hospital or institution?	2.(a) tt veteran, name war
3. (a) FULL NAME Of lisha Parks	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Single	2D. DATE OF DEATH. CCP, 30 4 19 4621 7 74
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
B.(c) tf alive, give agey	rears 0/1/30 1935 to 001/30 19.5
7. Birth date of deceased (mo., day, yr.) Dec 15, 1919	and that I last saw h
8. AGE: Years Months Days tt less than one day	Immediate cause of death
26hrs.	min.
9. Birthplace Orusta, Someset, marylan	1. Due to Caracultus
(Town, county, and state)	adminulitées Besi
1D. Usuat occupation	Due to
11. Industry or business	
12. Name Unknown	Dther conditions
	(include pregnancy within 3 months of death)
14. Malden name. Mattie Parke. 15. Birthplace arisle_md.	Major findings of operations.
15. Birthplace and.	
Harry Parker	Autopsy results.
18. informant / Carly / aras	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Vegulon Ma.	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Date thereof Move (month) (day) (year)	Accident, suicide, or homicide
Genetery or crematory No. Order of mechanica	Where did injury occur?
Commetery of Crematory	
Location Control of the Locati	Injured at home, farm, Industry, public place (where?) Means at injury Injured at work?
18. Funeral director & ale & askiell	Means of injury Injured at work?
Address Princess arms 2nd.	The Book . Orales &
10 11 11 mas 1 12 -	23. SIGNATURE A.D. or other
(Date rec'd by registrar) (Date rec'd by registrar) Regis	10/2

MARGIN RESERVED FOR BINDING



Killing.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimoro

CERTIFICATE OF DEATH

¥10300

2. USUAL RESIDENCE (HOME)	OF DECEASED:
(For newborn infants give residence of	(mather)
State	2 Nommer
City or town.	Euro mil
. (If outside city or town limit	s, write RURAL and give nearest town)
Street No	
A CONTRACTOR OF THE PARTY OF TH	
	••••
	3. (b) Social Security Number
	1 Home
MEDICAL C	ERTIFICATION
O.A.	3/01 11/ 2 0
	19.46 at
21. I CERTIFY that death occurred on the date ab	ove stated; that I attended deceased from
····19.	
	19
	f
3	
Due to	

Due to	
_	
Dther conditions	
(Include pregnancy within 3	months of death)
Major findings of operations	
	Date of op
Autopsy results	
PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.
22. VIOLENCE: If death was due to external can	uses, fill in the following;
Accident, suicide, or homicide	Date of
Where did Injury occur?	(County) (State)
The second secon	
injured at nome, tarm, industry, public place (w	here?)
Marine All I au	
Means of Injury	Injored at work?
Means of Injury	Injored at work?
Means of Injury 23. SIGNATURE.	Injored at work?
	City or town



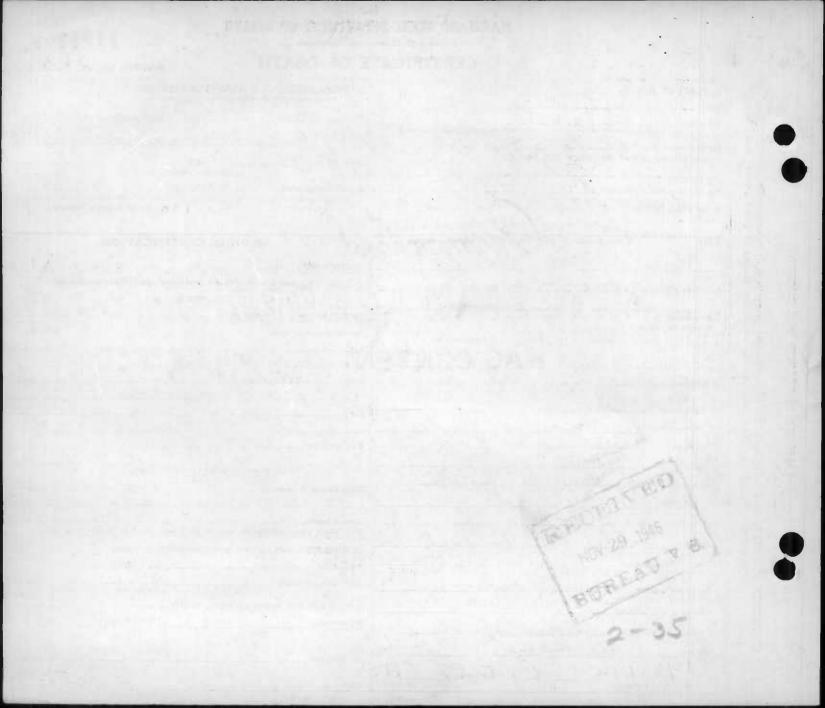
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1600

CERTIFICATE OF DEATH

11317 er. Diat. No. 2658

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Storness F	
City or town	State Mad County Santa
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or rown limits, write ItOKAL and give nearest town)
Hospital, Institution, or street address where death Occurred:	Street No. Mac. 3
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Clarence Francis. Pre	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, bidowed, or divorced	MEDICAL CERTIFICATION
	1150
Male White Augla	20. DATE OF DEATH DAT 29 19.46 at 73 P. M
()	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Del 29 1976 10 Oct 29 1976
7. Birth date of	and that Hest saw h allye on allye on ally
deceased (mo., day, yr.) Det 29, 1946	
8. AGE: Years Months Days If less than one day	Immediate cause ol death
hrsmin.	assey a a certi
9. Birthplace (Town, county, and state)	Due to Difficult labor
(Town, county, and state)	
10. Usual occupation Whole	Due to
11. Industry or business	70° (U
م ا الله	
E 12. Name. La Vanles Since	Diher conditions
₹ 13. Birthplace mJ	(Include pregnancy within 8 months of death)
14. Maiden name ligatha Paratice	
	Major fiadings of operations.
\$ 15. Birthplace	Date of op.
16. Interment lelanence I Grand	Autopsy results
0.000	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Ma St Jangles of Mc	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof. (month) (ddy) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location long long & O	Injured at home, farm, Industry, public place (where?)
	Means of injury Injured at work?
18. Funeral director. Handad all all all	
Address 301 Man St. long A. O. M.	1 2 2 3
1/1/2. 1.11	23. SIONATURE
19. (Ode resistrer) (Color peristrer)	1 1 3000
(Date rec'd by registrar) Registrar	Address Date signed



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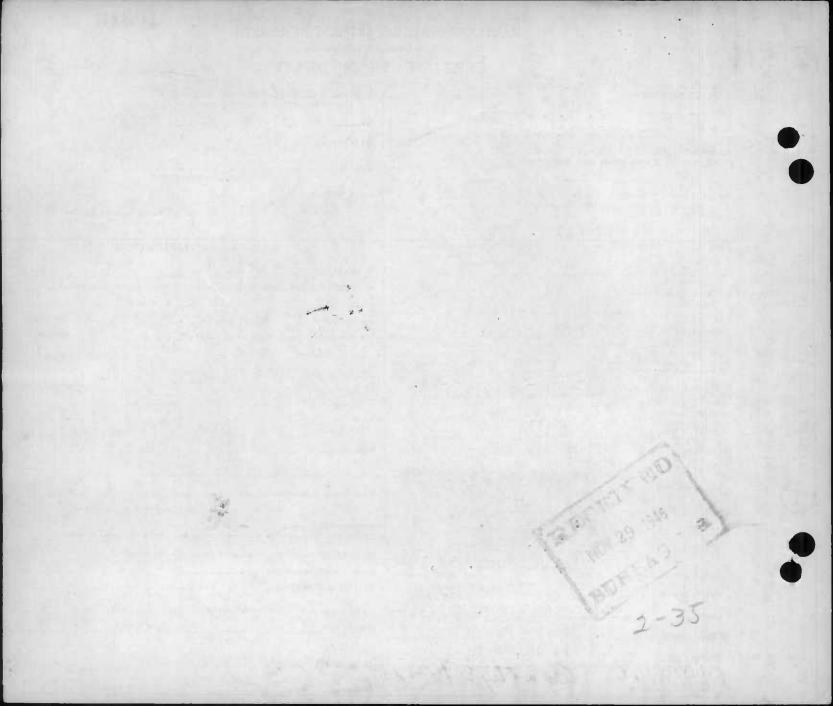
MARYLAND STATE DEPARTMENT OF HEALTH

CERT

10310

2411 N. Charles St., Baltimore 131-07	*
TIFICATE OF DEATH	Reg. Dist. No. 265

1. PLACE OF DE	Somer	raet.		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
County	Cnici	h [at		State Maryland Coun	Somerse	
City or town(If	outside city or town li	mits, write R	URAL and give nearest town)			
				City or town	, write RURAL and give neare	st town)
	street address where			Street No.		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				(If rural, give)		,,
How long in hospital o	r Institution?	•••••		2.(a) If veteran, name war		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3. (a) FULL NAM	E				3. (b) Social Security Nu	ımber
	Ed wa	rd J.	Ritzell			
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
				A .		4 . 4 /- 11
Male	White		Married	20. DATE DE DEATH.	11 1946	2 304
				21 I CERTIFY that death occurred on the date above	e stated; that attended decease	ed from
	or wife			Colun 1 19.4		
7. Birth date of) If alive, give ageyears	and that I last saw halive on Qer		
deceased (mo., day,	yr.) Dec	cembe:	r 12, 1894	Immediate cause of death	AMOUNT DESCRIPTION OF THE PARTY	DURATION
8. AGE: Years	s Months	Days	If less than one day	Ceul Del	xul	DOMATION
51	9	2.9	hrs. min.		······································	
- 0.1		14.67	Tomongot Md	Due to Classe Ingre	ud le	14
9. Birthplace	W.es.L.	county, and s	Somerset-Md.	- //		dyes
	7/117			Clark Defugl	Helity	
10. Usual occupation.		*****************	1	Due to.	C. F. L.	2 4
11. Industry or business Flour mill				Aprilias June	actis beens	2)00
Agustus Ritzell 12. Name Agustus Ritzell 13. Birthplace Germany			ltzell	Other conditions	***************************************	
₹ 13. Birthplace	Germ	any				
当 14. Malden name.	Eliz	a bet	h Betler	(include pregnancy within 3 m		
		sylva		Mejor findings of operatious		
15. Birthplace		V			Date of op.,	•••••
16. Informant	Mrs.	Edwa	rd J. Ritzell	Autopsy results		
Address	West	over.	Maryland	PHYSICIAN: Please underline the cause to whi	ich death should be charged sta	tistically.
				22. VIOLENCE: If death was due to external caus	es, fill in the following;	
17(Burial, cremation	or removal, Which?)	alloate there	of Oct. 14,1946 (month) (day) (year)	Accident, suicide, or homicide	Date of	
			Cemetery	Where did injury occur?(City or town)		
Gemetery or cremat						oute)
Location			Anne, Maryland	Injured at home, farm, Industry, public place (who		011000010000001101100000
18 Funeral director	H. H	arvey	Bradshaw	Meens of Injury	Injured at work?	
			, Maryland	8 10	11 2 5	
Address	/ /	1 2020	1 - 10-	23. SIGNATURE CULLE 66 PT	ellen M V	
10/11	14600 1	160	this Tillask	D me al m	M. D. or	1 - 1 /
(Date rer'd by r	oristrar)	/	Registrar	Address Marin 100 10	Date signed (Q	W/11-70



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10311

CERTIFI	ICATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County	City or town (If outside city or town Street No. (If rural,	E) OF DECEASED: se of mother) County
3. (a) FULL NAME.		3. (b) Social Security Number

Hospital, institution, or street address where death occurred:	Street No(If rpral, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Hendle While Married	MEDICAL CERTIFICATION 20, DATE DE DEATH DET 20 19 46 at 4.30 P
6,(b) Name of husband or wife Source S. Ross	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Feb. 10, 1892 8. AGE: Years Months Days If less than one day	Immediate cause of death
5-4	Buflet wound of
9. Birthptace Alal Colombia Somerse me	Due to. Chesk
10. Usual occupation	Due to
11. tridustry or business 12. Name Polent Clavelle 13. Birthplace Sugar Hell Ind	Other conditions
14. Maiden name Capitala Webster 15. Birthplace Weal Asland Ind	Major finding of operation.
16. Informant Strone Rass	Antopsy result 2 PHYSICIAN: Pleas underline the cause to which death should be charged statistically.
17. Bullian (Burial, cremation, or removal) Which?) Date thereof. (day) (year)	22. MOLERICE: A death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Control Medical Control of Contro	There did injury occur (City or town) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral disaster Dale Dashull	Meens of tnjury Sullet wounged tnjured at work?
Address Pyncess and Jud.	23. SIGNATURE Truy My. Joubhand My. W
19. Of xx 19.46 A. A. Johnson M. (Dute regid by registrar)	Address The and Date signed 10/51/46
1,40.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly. 9.45-15 VS A15

9161 77 100

9.45-15

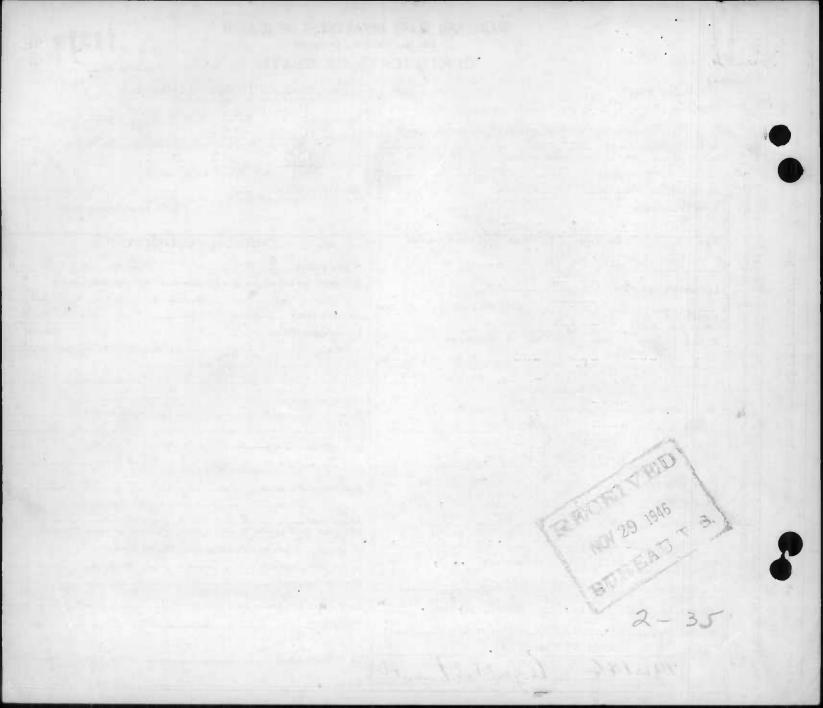
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1570



1. PLACE OF DEATH: County Somerset City or town. Crisfield (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 322 Locust How long in hospital or institution? 3. (a) FULL NAME Infant Taylor Cimmus Lee.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION
Male White	20. DATE OF DEATH. R. C. + C-C 9 19 46, 21 4: 15: AM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Cot. 9 1946 10 Oct. 9 1946
7. Birth date of deceased (mo., day, yr.)	and that t last saw h. Co. alive on Co. t
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace Crisfield-Somerset-Maryland (Town, county, and state)	Due to?
10. Usual occupation	Posts 2
11. Industry or business	DUE (U
Stanley Taylor 12. Name Stanley Taylor Accomac County, Virginia	Diher conditions bot Austral President
13. Birthplace Accomac County, Virginia	(Include pregnancy within 3 months of death)
14. Malden name Rose Ella Myers	(Include pregnancy within 3 months of death) Major findings of operations
14. Malden name Rose Ella Myers 15. Birthplace Ewell, Smith Island, Md.	Major fludings of operations. Date of op.
Stanley Taylor	Aotopsy results
Address 322 Locust St., Crisfield, Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17. Burial Date flereet Oct 15, 1946 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mariners Cemetery	Where did injury occur?
Location RURAL, Crisfield, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. H. Harvey Bradshaw	Meens of Injury Injured at work?
Address Crisfield, Md.	22 SIGNATURE S. m. Per ton W. D
Minimula Constant	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Crus Fuld. My Bate signed OCT. 15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2411 N. Charles St., Baltimore (462)
CERTIFICATE OF DEATH

				,	-
Reg.	Dist.	No.	2	6	9

1/1312

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME)	F DECEASED:	
City or town. Sharman (If outside city or town limits, write RURAL and give nearest town)		(For newborn infants give residence of mother) State Manyland County Someset county				
					How long in above place of d	
Hospital, Institution, or stre				Street No.		
	**********				e LOCATION)	
How long in hospital or inst	itution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
9 2013	sain 3	usley				
4. Sox 5.	Color or race		, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Firmale 1	white	ma	rried	20. DATE DE DEATH OF	1 et 1946	15 /p M
B.(b) Name of husband or w	ife yeur	ge 7 y.	ler	21. J.CERTIFY that death occurred on the date ab	ove stated; that I attended dece	ased from
Dec 1 1876) If alive, give age		4610001	19.4.6
T. Birth date of			, , , , , , , , , , , , , , , , , , , ,	and that I last saw h alive on	01,12	19 . f
deceased (mo., day, yr.) 8. AGE: Years	Months	Days	If less than one day	Immediate cause of death		DURATION
	10	54,0		Cerebrul,	your eller	2 Daniel of the
69			hrsmln.			
9. Birthplace. (Town, county, and state)			tate)	Duo to	de la	Sycar
10. Usual occupation	. \					* *************************************
11. Industry or business		V		Due to		• • • • • • • • • • • • • • • • • • • •
		2000	lus	0-14	0/	8 61
	()			Dther conditions Of the conditions	The state of	O. Jus
13. Birthplace	Orive			(Include pregnancy within 3	months of death)	.
14. Malden name	mary 1	raym	iaru	Major fiadings of operations		
2 15. Birthplace	Punces	a an	rnl		Date of op	
16. Informant Raleit Collins				-0 -0	se e	
			***************************************	PHYSICIAN: Please underline the canse to w	hich death should be charged	statisticaDy.
Am	ress a		2 2 10 4	22. VIOLENCE: If death was due to external car	uses, fill in the following:	
17. (Burial, cremation, or	N	Date there	(month) (day) (year)	Accident, suicide, or homicide	Date of	••••••••••
Cemetery or crematory	· · · · · ·		try	Where did injury occur?(City or town)	(County)	(State)
Location	greole			Injured at home, farm, Industry, public place (w	rhere?)	•••••
18. Funeral director	Q. 200.	asiel	L	Means of Injury	Injured at work?	
	,			DO 1	2 10 1	
Address C. N.	reess)	ange		23. SIGNATURE TILLES . C.	5. Malle	IMP.
19. Oct 4	19.46	m.	J. S. Demott	D.		or other
(Date rec'd by registr	ar)		Registrar	Address DA DOLD	Collegate signed	10/2/16



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 184)



1. PLACE OF DEATH: County Somerset	Z. USUAL RESIDENCE (HOME) OF DECLASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give hearest town)	State My County Some soft
How long In above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Willest Seether Widdon	room)
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White single	20. DATE DE DEATH 027 24 1946 at 4.36 M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattanded doceased from
	19, to
7. Birth date of deceased (mo., day, yr.) 1939	and that I last see h
8. AGE: Years Months Days It less than one day	Immediate cause of death work (g)
	abdomen
9. Birthplace Frise Cass Conne Ma Some (Town, county, and state)	2 miles
10. Usual occupation. Solverel Boy	
11. Industry or business S/Chaol Bos	Due to
12. Name 2 wither Wiesburgson 13. Birtholace Prince apparage Mrs.	Other conditions
13. Birthplace Princessame md	(Include pregnancy within 3 months of death)
14. Maiden name disclusive Colorister	Major findings of operations
2 15. Birthplace Double sland md	Date of op.
16. Informant Jutle Wieldourson	Autopsy results. And the cause to which death should be charged statistically.
Address Princes Ilna, md	22. VIOLENCE of death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which)	Accident, spiciale, or homicide.
Cemetery or crematory.	Where dit in but opur? (City or town) (County) (Spite)
Location Princess anne m L	Injured to home, farm, Industry, public place (where?) at auches those
18. Funeral director Charles Nashiele	Means of injury Our Short Injured at work?
Address Punce sa and make in a	= The St. Levelland M. S.
() + 31 46 P3/P1 Cal	23. SIGNATURE M. D. or other
(Date rec'd by phoistrap) Recistrar	1 deles Philippetto Selene Used Bajo cloped to / 34/16

